

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS    | ID NO.       | DATE             |
|---------------------------|-------------|--------------|------------------|
| FEE DETERMINATION         |             |              |                  |
| O.I.P.E. CLASSIFIER       | <i>EW</i>   | <i>32</i>    | <i>10/6</i>      |
| FORMALITY REVIEW          | <i>C.V.</i> | <i>9-503</i> | <i>8-5/14/01</i> |
| RESPONSE FORMALITY REVIEW | <i>SP</i>   | <i>110</i>   | <i>8-2901</i>    |

INDEX OF CLAIMS

Rejected N Non-elected  
 Allowed I Interference  
 (Through numeral) Canceled A Appeal  
 Restricted O Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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